



DUI/PC ASSESSMENT REPORT

This is to certify that _____ was evaluated on ____/____/____.
TYPE OR PRINT CLIENT'S FULL NAME DATE

at _____, a state approved DUI client assessment services, pursuant to an arrest/conviction for Driving Under the Influence (DUI) (RCW 46.61.502) or Physical Control Under the Influence (PC) (RCW 46.61.504). This evaluation was done in accordance with the standards for DUI client assessment set forth in WAC 388-805. The assessment findings are that the above named person (check one of the following):

☐ **Insufficient evidence of substance abuse/dependence** Persons with a low or minimal probability of reoffending, for whom intervention in the form of Alcohol/Drug Information School is required to address their problem with substance use and driving.

☐ **Substance abuse** Persons with a greater probability of reoffending without intervention, but for whom substance dependence is not the apparent primary problem at this time. Extensive education/prevention, as part of a treatment program, is required, but intensive treatment for substance dependency is not indicated.

☐ **Substance dependence** Persons with a greater probability of reoffending if not treated, but for whom substance dependence at any state of the disease is the primary problem at this time. This category would include persons that come to the assessment at any stage of the disease recovery process (including all persons indicating recovery through non-treatment means).

COMMENTS:

Assessment by:

QUALIFIED COUNSELOR/ASSESSMENT OFFICER)

DATE

COPIES TO: Client Treatment Center Assessment Agency

NOTICE TO ASSESSMENT CENTERS

This form certifies your assessment, and satisfies one of the requirements for reinstatement of your driver's license. It may also serve as evidence of compliance for certain court ordered requirements. It is recommended that you keep the original copy for your own records. A copy of this form must be given to the state approved agency you choose for the Alcohol/Drug Information School OR alcohol/drug treatment recommended by the assessment.

NOTICE TO INTERESTED PARTIES

A detailed record of this assessment is available upon request, if accompanied by a properly completed release of confidential information form signed by the client.

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This form certifies your assessment, and satisfies one of the requirements for reinstatement of your driver's license. It may also serve as evidence of compliance for certain court ordered requirements. It is recommended that you keep the white copy for your own records. The yellow copy of this form must be given to the state approved agency you choose for the Alcohol/Drug Information School OR alcohol/drug treatment recommended by the assessment.

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